

THEY NEVER TELL YOU ANYTHING

That indefatigable educator of the public, Mr. Malcolm Donaldson, F.R.C.S., noted for his pioneer work on cancer information, has recently started a little controversy in the *Lancet* by complaining that the atmosphere in some British hospitals is that of the old nurseries, "Ask no questions and you will hear no lies." Patients discharged from hospital often say that "They never tell you anything in hospital." One suspects that the atmosphere is a little more feudal in England than in Canada, and that Canadian patients are taken more into the confidence of their physicians, but even so this complaint is not confined to Britain. Mr. Donaldson says that in every hospital it should be the duty of someone to tell every patient in lay language what has been wrong with him. A correspondent, however, remarks that in fact many people in hospital take a great deal of trouble to tell patients a lot, but that this is either misinterpreted or forgotten. All physicians must at times have been astonished at the remarks attributed to them by patients, and this perhaps stems from the failure to realize how very elementary, even in this day and age, is the public's knowledge of the body's structure and function. It might seem that anyone could understand a simple drawing of a gallbladder, a bile duct and a gallstone, but to many patients this is as esoteric as an explanation of the finer points of an electronic computer.

Moreover, we who are familiar with hospitals often fail to appreciate how terrifying even the smallest routine procedures in a ward are to a patient. One recalls the poker-faced and particularly disagreeable doctors in an American film limiting their communica-

tion to an intelligent patient to a brusque command to "turn over" while they took a biopsy specimen. Another aspect of the subject is the patient's occasional desire *not* to understand, says the correspondent, "to preserve at all costs the magic of the hospital so that it can work miracles if miracles are necessary."

There is no doubt that telling patients the details of their illness can never be gauged by a rule-of-thumb method. A few want to know all, some want to know nothing, and some demand to know but really fear to hear the truth.

T-SUBSTANCE ANOMALY

What is claimed to be the first recorded anomaly of purine breakdown associated with physical and mental retardation is described under the name of "T-substance anomaly" in *Lancet* (December 3, p. 1220). The defect seems to be familial, and the most carefully studied patient was a boy of 4 excreting a hitherto undescribed substance in the urine, identified by paper chromatography after desalting. He was mentally and physically backward, and had ptosis, as had two other members of the family. Eight out of 13 members of the family also excreted the substance, which seems closely related to alloxan, an oxidation product of uric acid.

Two of four subjects found to be excreting large amounts of T-substance were grossly retarded mentally and physically, one was small for her age and the fourth was normal. The metabolic defect appears to be transmitted as an autosomal recessive characteristic.

S. S. B. GILDER

MEDICAL NEWS IN BRIEF

TRIFLUOPERAZINE THERAPY FOR APATHETIC CHRONIC SCHIZOPHRENIA

The double-blind method was used in a clinical study of the effectiveness of trifluoperazine (Stelazine) in apathetic chronic schizophrenia. Forty chronic schizophrenic male patients were selected from the same ward by Weckowicz and Ward (*J. Ment. Sc.*, 106: 1008, 1960) and divided into two groups. (All previous attempts at therapy had failed.) The mean score on the Weyburn Assessment Scale for both groups was 60; the mean age 60; and the mean length of hospital stay 16 years. To establish the basic level of behaviour, both groups were given a placebo for three weeks. The group given the drug were started on 5 mg. trifluoperazine twice daily, which was increased to 5 mg. thrice daily after three days and then to 10 mg. twice daily after one week. For the next two weeks the subjects continued to receive 10 mg. twice daily. The other group were given a placebo. After three weeks of treatment the subjects of both groups were rated again on the Weyburn Assessment Scale. The experiment was continued for another two weeks during which time the dose of trifluoperazine in the drug group was in-

creased to 30 mg. a day (in the subjects who did not develop side effects). After that the final rating of both groups was carried out.

In assessing the results the following points were taken into consideration: (a) the scores on the Weyburn Assessment Scale, (b) observations of the nursing staff, and (c) follow-up study. The overall results were: one patient was sufficiently improved to be discharged on parole, two patients showed marked improvement and 14 showed slight improvement, while only one patient improved slightly in the placebo group. The most important side effect was parkinsonism, which could be controlled quite well by administration of an antiparkinsonism drug.

It is interesting to note that Lehmann and Knight have previously found that in normal volunteers trifluoperazine decreases the sensory and cognitive input. The fact that "lethargic" and apathetic schizophrenics benefit from this drug suggests that these patients may be "overwhelmed" with sensory stimulation and irrelevant information and brought to a "standstill". That is, there are so many alternatives in the cognitive input that they cannot make a choice.

ARTIFICIAL INSEMINATION (HUSBAND) IN THE MANAGEMENT OF CHILDLESSNESS

Most gynecological departments in the larger hospitals in Britain have special clinics for the investigation and treatment of childlessness, but little is known of the use they make of artificial insemination with the husbands' semen. There is scant information about the extent of this practice, the type of case selected for insemination, the chance of success or the likelihood of complication. More attention has been paid to donor insemination with its ethical and legal overtones, but here again there is little factual information. Russell (*Lancet*, 2: 1223, 1960) recently reported observations and results of intensive trials of artificial insemination with the husbands' semen in 55 married women who presented because of involuntary childlessness.

Courses of insemination often extended over several months. Each course consisted of three inseminations carried out on the twelfth, fifteenth and eighteenth days of the menstrual cycle. The shortest course lasted two months and the longest was continued intermittently for two years.

The results in this small series showed that insemination with husbands' semen has a limited but important place in the management of childlessness. Conception is most likely to follow insemination when husband and wife are fertile but the husband is incapable of depositing semen in the vagina. In some cases, under these circumstances, pregnancy can help the husband and wife establish a normal sexual relationship. Impotence can take other less obvious forms. It may appear from the clinical history that the sexual act is normal in all respects, yet repeated postcoital tests show that there is no ejaculation of semen into the vagina. This type of coital failure is probably unusual, but lesser degrees, where the husband fails to ejaculate on many occasions, may be more common than is generally realized. Insemination will increase the likelihood of conception in these cases.

When semen quality is poor, there is no evidence that insemination improves the chance of conception. Such couples are best advised to continue their normal sexual relationship, for there is good evidence that even with severe oligospermia, intercourse can result in conception and successful pregnancy.

POSTERIOR SUBCAPSULAR CATARACTS IN PATIENTS WITH RHEUMATOID ARTHRITIS TREATED WITH CORTICOSTEROIDS

Posterior subcapsular cataracts (PSC) are generally found in association with exposure to toxic agents, intraocular disease, ionizing radiation and/or blunt trauma. As a rule these lenticular lesions are differentiated from senile cataracts by their location and appearance on split-lamp examination. The development of PSC in four patients with rheumatoid arthritis during administration of synthetic corticosteroids, an observation not previously recognized, prompted a survey of patients with rheumatoid arthritis at the National Institute for Arthritis and Metabolic Diseases, Bethesda, Md., between June 1959 and January 1960 (*Arthritis & Rheumat.*, 3: 432, 1960). Patients were included only when the American Rheumatism Association criteria for definite or classical rheumatoid arthritis

were fulfilled and when complete details of other forms of therapy were available. Careful ophthalmologic study was carried out on 66 patients, 17 of whom showed posterior subcapsular cataracts. Three patients with PSC were excluded from the group because they had complicating ocular disease which might have influenced the cataract formation.

The remaining 63 patients were then classified according to the maintenance dose of the steroid received, four categories being thus formed: (1) no steroid therapy, (2) low-dosage range (prednisone < 10 mg./day or its equivalent), (3) mid-dosage range (prednisone 10 to 15 mg./day or its equivalent), (4) high-dosage range (prednisone 16 mg. or more per day or its equivalent). No PSC were observed in the 19 patients in group (1) or in the 6 patients in group (2). Five of the 22 patients (23%) in the mid-dosage range and 12 of the 16 (75%) in the high-dosage range exhibited PSC lesions. The relationship between corticosteroid dosage and the development of PSC was found to be highly significant ($.01 > P > 0.001$).

Other factors, including radiation, salicylate administration, heavy metals, supplementary calcium or antimalarials were found to have no significant correlation with the occurrence of posterior subcapsular cataracts.

EFFECT OF DRUGS ON THE INTRACRANIAL PRESSURE

On the basis of clinical observations a number of drugs have been claimed to lower the intracranial pressure (IP). Grote and Wüllenweber (*Deutsche med. Wchnschr.*, 85: 1646, 1960) tested the effect of some of these by direct determination of the pressure of the cerebrospinal fluid. In patients with clinical signs of increased IP a ventricular puncture was performed, and in the others a lumbar puncture. The needle was connected to a manometer and the pressure was registered photoelectrically over a period of time.

The results were as follows: When glucose was injected intravenously in varying amounts and concentrations, it was found that 50 to 100 c.c. of a 50% solution always resulted in a fall of the IP (by 40 to 250 mm. H₂O), sometimes after an initial rise. In most cases the effect did not last longer than one hour. The same response was seen in all but two patients with an initially normal IP.

Administration of acetazoleamide, 500 mg. intravenously, resulted in a rise of 90 to 200 mm. H₂O for about 20 minutes. The pressure then returned to the previous value.

Periston (6% watery solution of polyvinylpyrrolidone) did not cause any reduction of the IP for two hours following intravenous injection. Pendiomid (azomethonium bromide) produced a marked fall in the blood pressure, while the pressure of the cerebrospinal fluid remained unchanged.

Administration of 0.24 g. of theophylline intravenously brought about a prompt fall of the IP, ranging from 50 to 300 mm. H₂O, but this only persisted for 30 minutes or less in most cases. Subcutaneous injection of histamine hydrochloride produced a rise of 50 to 200 mm. of water. This effect could be reversed immediately by the intravenous administration of calcium.

(Continued on advertising page 34)



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MONTREAL CANADA

MEDICAL NEWS in Brief

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ALPHA-CHYMOTRYPSIN IN CATARACT SURGERY

In April 1958, Barraquer first described the use in ophthalmic surgery of alpha-chymotrypsin, a proteolytic enzyme, to weaken the fibres of the suspensory ligament of the lens and thus facilitate its removal. Subsequent observations have left no doubt that in the living human eye, alpha-chymotrypsin injected into the region of the zonule of the lens destroys or weakens this structure so that little mechanical force is required to remove the lens, a most significant advance in the surgery of cataract.

An assessment of operative and postoperative complications, and operative results of 65 unselected cataract operations in which alpha-chymotrypsin was used between June and December 1958 was reported by Pierse and O'Donoghue (*Brit. M.J.*, 2: 1629, 1960), together with the results of a careful slit-lamp study of all cases in 1959. There was no doubt that alpha-chymotrypsin weakens or destroys the zonule and makes cataract extraction an easier procedure. No complications attributable to the enzyme were encountered in this series. Visual results were comparable to those obtained without the use of alpha-chymotrypsin. A single instance of bullous keratitis constituted the only severe post-operative reaction. In about 50% of cases there was some liberation of pigment from the posterior layers of the iris, probably due to the trauma of operation, without apparent harmful effect on the eye. This finding may be slightly more pronounced when alpha-chymotrypsin is used. There seemed to be a slight increase in vitreous opacities in this series as compared with those treated without alpha-chymotrypsin, but the difference was not great enough to justify definite conclusions. In no case did opacities increase during the follow-up period. In the authors' experience there appeared to be no greater tendency either to bulging forward of the vitreous face or to the appearance of rents and tears in the anterior hyaloid membrane when alpha-chymotrypsin was used. There was no tendency towards deterioration in the vitreous face during the 12 months of the study.

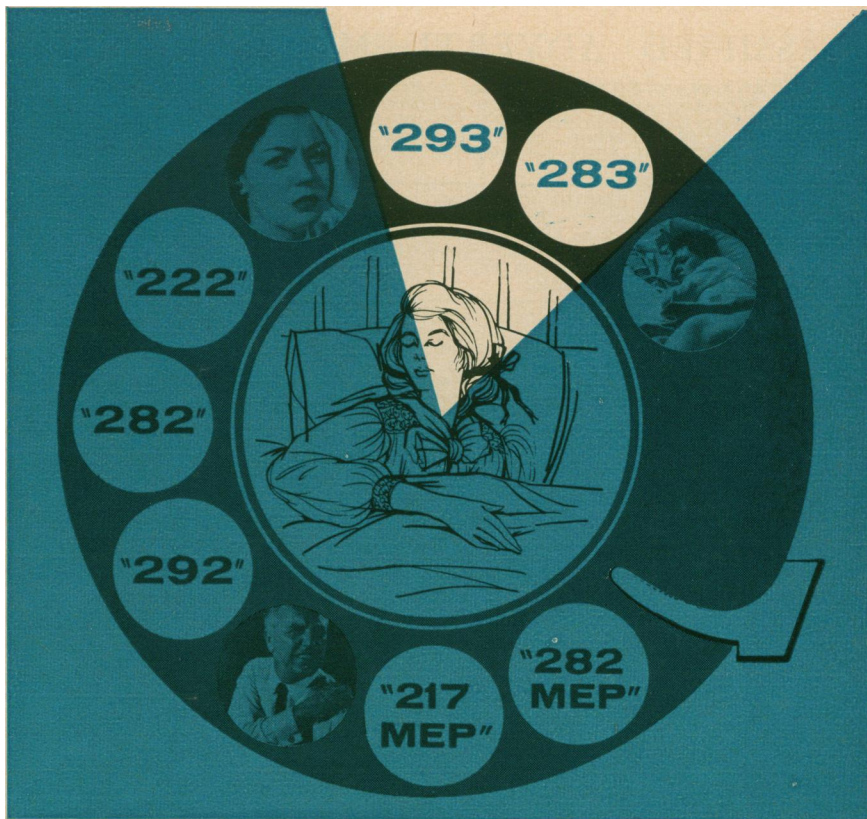
PRELIMINARY REPORT ON A SEROLOGIC TEST FOR TUBERCULOSIS

A preliminary report by R. S. Farr and H. Bloch of the University of Pittsburgh, in the November 1960 issue of *The American Review of Respiratory Diseases* describes a serological test for tuberculosis which measures the binding capacity between iodine-labelled antigenic extracts of tubercle bacilli and the serum globulin of patients with clinically active tuberculosis. In such patients an increase in this binding capacity resulted in precipitation of increased amounts of I^{131} as a result of the formation of specific bonds between the antigen and circulating antibody. Approximately 40% of patients with clinically significant tuberculosis had a higher binding capacity for I^{131} -labelled products of tubercle bacilli than the highest binding capacity found in sera from healthy persons or from patients with a variety of non-tuberculous infections and other diseases.

The binding ratios of non-tuberculous sera were consistently less than 1.20, while those from 88 patients with clinically significant tuberculosis were greater than 1.20 in all instances.

To date no single antibody has been found in tuberculous patients which does not also occur in some healthy individuals or in patients with non-tuberculous disease. While this observation also holds true for the present study, the quantitative aspects of this method permit the elimination of false-positive reactors by establishing empirically the maximal binding capacity of the serum of non-tuberculous patients, according to the authors.

In this study, Farr and Bloch reported that a binding capacity greater than 1.20 was indicative of active tuberculosis in all cases and was observed in approximately 40% of sera from patients with clinically active tuberculous infection. They considered that a ratio between 0.90 and 1.20 was indicative of at least a 50% chance that the serum came from a patient with active tuberculosis. A ratio of less than 0.90 was considered essentially non-informative with respect to the presence or absence of active tuberculosis: it was observed in approximately 40% of cases of known active tuberculosis and in



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MEDICAL NEWS in brief

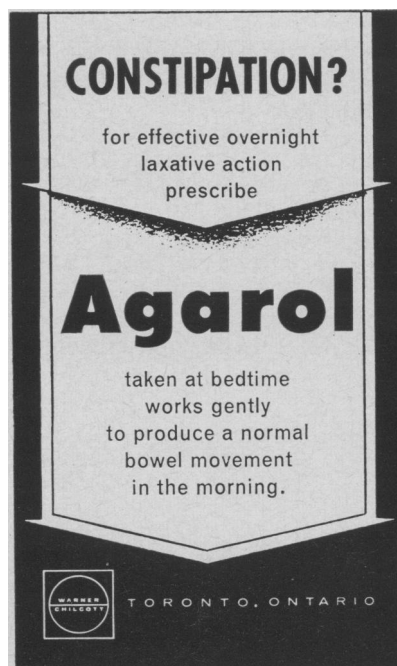
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90% of sera from non-tuberculous patients.—*TB Medical News*, November 1960.

PULMONARY TUBERCULOSIS IN THE ELDERLY

In the November 1960 issue of *The American Review of Respiratory Diseases*, J. Robert Thompson of the Municipal Tuberculosis Sanitarium, Chicago, reports that autopsy studies on elderly patients who had died in sanatorium revealed evidence indicating that quiescent pulmonary tuberculosis may be reactivated by malignant tumours of the lung. Among 89 patients over 70 years of age who suffered from pulmonary tuberculosis, of less than five years' duration in the majority of cases, 15 had associated carcinoma of the lung and 18 had malignant tumours in various areas of the body other than the lungs. This high incidence of malignant tumours accompanying tuberculous infection was a striking feature of this autopsy study. The author commented that the effects of a malignant lesion on the course of an infection such as tuberculosis are undoubtedly numerous. He expressed the opinion that in the lung, there is definite evidence that cancer can actually invade walled-off or quiescent tuberculous foci and reactivate them.

Many cases of tuberculosis in this series of elderly patients were discovered by chance and were usually revealed in the course of diagnostic investigations of other ailments that caused the patients to consult a physician. Doubtless many such cases have been and are being overlooked because the patient's complaints are minimized and the signs and symptoms are attributed to some other clinical entity. That it is important to recognize active tuberculosis in the elderly goes without saying, because of the necessity for treatment and also because of the fact that it may point out some underlying or smoldering condition which has reactivated a quiescent tuberculous lesion. — *TB Medical News*, November 1960.



PROJECTED STUDY OF RADIOACTIVE ELEMENTS IN AMERICAN DIETS

The U.S. Atomic Energy Commission has awarded Consumers Union a \$20,000 research contract to help finance research into the presence of strontium-90 and other radioactive elements in typical daily diets in 25 cities across the United States. Consumers Union (CU) is the non-profit non-commercial consumer organization which publishes the monthly magazine, *Consumer Reports*. Principal financial support for the new research project will be CU's own funds. This study began in January 1961, and represents a greatly expanded follow-up to CU's previous studies of strontium-90 in milk and in the total diet, conducted without Government support and reported in *Consumer Reports* during the past two years. In addition to strontium-90, seven other radioactive elements, some naturally occurring, some man-made, will be included in CU's new study; cerium 144, cesium 137, lead 210, plutonium 239, potassium 40, radium 226 and zinc 65.

To obtain samples of foods normally eaten in typical daily diets, home economists in the 25 test cities will prepare representa-

tive meals, package them in special containers and ship them to CU's consultant radiochemistry laboratories. Like CU's earlier total-diet test samples, these will consist of the total food and water intake (including snacks) of teen-agers. This age level will be used, because of the wide variety of foods included in teen-ager diets, making the samples fairly representative of the diet of somewhat younger children and of older persons who drink milk. Additional samples, representing various age and economic levels, will be prepared in three of the test cities — New York, Chicago and San Francisco.

JUVENILE DIABETES MELLITUS IN WESTERN GERMANY

The results of a questionnaire of the West German Diabetes Committee are evaluated and reported by Krainick and Struwe (*Deutsche med. Wchnschr.*, 85: 1632, 1960). The study deals only with diabetics whose disease became manifest before the age of 15. Group I consists of children under 15 years of age, and the second group those who were juvenile diabetics and were 15 years or older. Information is available on 1034 diabetics who are receiving outpatient treatment and on 156 who are being treated in hospital. Of the 70 institutions that completed the questionnaire, 6 see their patients every one to two weeks, 16 every three to four weeks, 14 every five to eight weeks, 10 every nine to twelve weeks, and 1 every three months. Thirty-three institutions determine the fasting blood sugar and six determine a profile of blood sugars at each visit.

With regard to treatment, the majority of clinicians favour a strict diet by means of diet lists and exchange tables. A small group prefer the normal regulated diet and a very few were in favour of free diet with adjustment of insulin dosage. The majority of clinicians use long-acting insulin and aim at a single daily injection.

Information regarding late sequelae was obtained in 715 cases. A total of 584 were free of obvious

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damage and 131 had one or the other late sequelae of diabetes. Retinopathy developed earlier than nephropathy and was seen as early as the fifth to the tenth year after onset of the diabetes. Two-thirds of these with diabetes of sixteen to twenty years' duration had definite evidence of vascular damage. However, peripheral vascular disease was very rare. The impression was gained that changes were more frequent in those whose diabetes was poorly controlled over a long period of time.

Mortality statistics of diabetic children and juvenile diabetics of 112 patients not included in the above group showed that 73% of them died of diabetic coma. Fifteen per cent died in the initial coma and the remainder in an associated or miscellaneous type of coma. Thirteen per cent succumbed to nephropathy and in the others the cause was either unknown or not connected with diabetes.

Although the total number of juvenile diabetics is not as high in Germany as in other countries, a marked increase in recent years is noted and is giving rise to serious concern. In contrast to the high percentage of deaths due to coma and to the not inconsiderable number of fatal nephropathies, there have been no reports of death due to tuberculosis in this group.

THE FREQUENCY OF ATOPIC DISEASES IN ZURICH

A statistical study of the population of Zurich (Switzerland) was carried out by Batschelet and his colleagues (*Schweiz. med. Wchnschr.*, 90: 1109, 1960) with regard to the frequency of such conditions as bronchial asthma, allergic and vasomotor rhinitis, neurodermatitis (prurigo Besnier) and infantile eczema. Bronchial asthma was found to be present in some 4%, atopic rhinitis in 8% and disseminated neurodermatitis in about 0.5% of the population. Painters, masons and workers in the pharmaceutical industry showed the greatest incidence of contact dermatitis, whilst workers in industries using flour had a high frequency of respiratory disorders.

SERUM LACTATE- DEHYDROGENASE ACTIVITY IN PERNICIOUS ANEMIA

The use of serum lactate-dehydrogenase activity (LDH) determination as a diagnostic tool in pernicious anemia is stressed by Amelung (*Deutsche med. Wchnschr.*, 85: 1629, 1960). In untreated pernicious anemia patients, the values for this enzyme are on the

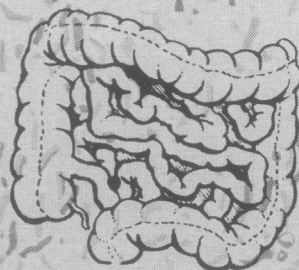
average about ten times higher than in the normal adult. The average value in 50 normal adults was found to be $6.27 \mu\text{mol.} \pm 1.32$, whereas in the untreated pernicious anemia patient it was well over $75 \mu\text{mol.}$ Treatment with folic acid or vitamin B₁₂ brings about a sharp drop in the value of LDH. The abnormally high LDH level may be partly due to the fact that the LDH activity of megaloblasts is approximately three times as high

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as that of normal red blood cells. It is possible that other enzymes will in future be found to be in abnormal concentrations in the serum of patients with pernicious anemia and other blood diseases. Serum lactate-dehydrogenase of 75 μ mol. or more is diagnostic for pernicious anemia, as such high values are rarely ever found in other diseases. The serum transaminase level is not elevated in pernicious anemia. On the other

hand, pernicious anemia is not excluded by normal or low or slightly elevated LDH levels. This applies particularly to patients who have been partially treated.

RESULTS OF TREATMENT OF ARTEROVENOUS FISTULAE OF THE LUNG

Vascular anomalies of the lung are rare even in centres specializing

in intrathoracic disease and are one of the less frequent causes of intrapulmonary diseases producing cyanosis and cardiopulmonary embarrassment. Dogliotti, Actis Dato, Tarquini, Weisz and Quaglia, of the University of Turin (Italy), state in their review of this subject (*Minerva Medica*, 51: 2967, 1960) that the number of cases of arteriovenous fistula observed in any of the major centres in a single year is reported to be five to ten.

The prerequisite for successful treatment of this rare but important anomaly is accurate diagnosis, for which angiography is indispensable. They present detailed case histories with radiographs and angiocardiograms as well as surgical specimens of the removed anomalies in six patients aged 6 to 28. Careful studies of the histopathology, physiopathology and hemodynamics of these patients are included, as well as clinical manifestations and diagnostic problems. Regarding the prognosis, it is pointed out that the majority of patients with this anomaly die before the age of 50. Treatment is surgical and, in the majority of cases, lobectomy is carried out. Pneumonectomy and segmental resection can be performed; in some cases local excision is possible. In their own cases surgical resection was successful, with immediate improvement in cyanosis and relief of cardiopulmonary embarrassment. In most cases the improvement has been maintained for over a year, although in one case the observations are limited to only three months postoperatively. The importance of accurate diagnosis is stressed because not infrequently further anomalies may be present in other parts of the lung and these may be overlooked, resulting in the need for reoperation at a later date.

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OVULATION MORE THAN ONCE A MONTH

Ovulation probably occurs more than once a month in the human female, and there is a good possibility that the female orgasm or some other accompaniment of coitus stimulates ovulation, according to Dr. Charles H. Birnberg, of Brooklyn Jewish Hospital, N.Y. He told the seventh annual meet-

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ing of the Canadian Society for the Study of Fertility that the world's "explosive" birth rate increase is "impossible to explain" if the standard theory is accepted concerning the infrequent and wholly cyclic nature of ovulation.

Birnberg based his theory on (1) frequent discoveries of more than one fresh corpus luteum at laparotomy, sometimes even in the

ovary of a woman who has not menstruated for a year or more; (2) his own discovery that a follicle-stimulating hormone could be found in the urine of patients who had cervical dilatation at least 24 to 36 hours earlier; (3) findings that electrical stimulation of the supracervical ganglion of a rabbit produced a corpus luteum in a short period of time; and (4) demonstrations that human female orgasm accompanying coitus resulted in later excretion of follicle-

stimulating hormone in the urine.—*Medical Tribune*, November 28, 1960.

ST. JOHN AMBULANCE TRAINING IN THE CANADIAN ARMED FORCES

Under direction of the Army's Adjutant-General, Maj.-Gen. J. D. B. Smith, a widespread program has been instituted in both regular and militia forces eventually to give all troops the official St. John Ambulance first-aid training as a fundamental part of national survival preparedness. More than 17,000 soldiers already have qualified for their first-aid certificate. Courses for all ranks in the Army are continuing throughout the country. No officer or other rank of the regular Army is exempted, and General Smith was among the first to qualify in the Ottawa area.

Col. A. G. Cherrier, Executive Commissioner of the St. John Ambulance in Canada, said in Ottawa that nation-wide knowledge of first-aid fundamentals could play a most important part in recovery from any nuclear attack. This training, he added, is equally valuable to all individuals in their daily life.

This point was emphasized during a serious train wreck in northern Ontario about one year ago. A number of soldiers on the train who had recently completed their first-aid training rendered valuable emergency assistance to injured fellow passengers awaiting the arrival of doctors and nurses.

In 1951, the Civil Defence authorities designated the St. John Ambulance as the official organization for teaching first aid.

Since 1958, the Canadian Army has been conducting courses on a common first-aid standard approved for Civil Defence personnel. It is based on the St. John textbook, "Fundamentals of First Aid", written by Dr. Robert A. Mustard of the Department of Surgery, University of Toronto and the Toronto General Hospital.

In 1960, nearly 11,000 St. John Ambulance first-aid awards were made to officers and men of regular and militia units across Canada. This is more than double the number awarded during 1959.

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Each tablespoonful (15 cc.) contains theophylline 80 mg. (equivalent to 100 mg. aminophylline) in a hydroalcoholic vehicle (alcohol 20%).

For acute attacks: Single dose of 75 cc. for adults; 0.5 cc. per lb. of body weight for children.

For 24 hour control: For adults 45 cc. doses before breakfast, at 3 P.M., and before retiring; after two days, 30 cc. doses. Children, 1st 6 doses 0.3 cc.—then 0.2 cc. (per lb. of body weight) as above.

1. Schluger, J. et al.: *Am. J. Med. Sci.* 233:296, 1957.
2. Bradwell, E. K.: *Acta med. scand.* 146:123, 1953.
3. Truitt, E. B. et al.: *J. Pharm. Exp. Ther.* 100:309, 1950.

Sherman Laboratories
Windsor, Ontario

Most of the awards are for the St. John First Aid Certificate, which is for proficiency in the fundamentals. However, many soldiers who have gained this certificate volunteer for more advanced training which qualifies them for progressively higher awards.

All recruits in the Regular Army are now given St. John first-aid instruction as part of their training. Army Headquarters in Ottawa is now conducting three seven-week courses with 30 members in each. In the first 10 months of 1960, out of 847 soldiers in Ottawa who received first-aid instruction, 735 qualified for certificates.

Although the Army's participation in St. John first-aid training has been intensified in the past two years, there have been annual provincial military team competitions for St. John trophies since 1922. In the past few years, only the Army, of the three services, has entered the competitions. In 1960, 56 regular and militia units in all provinces competed.

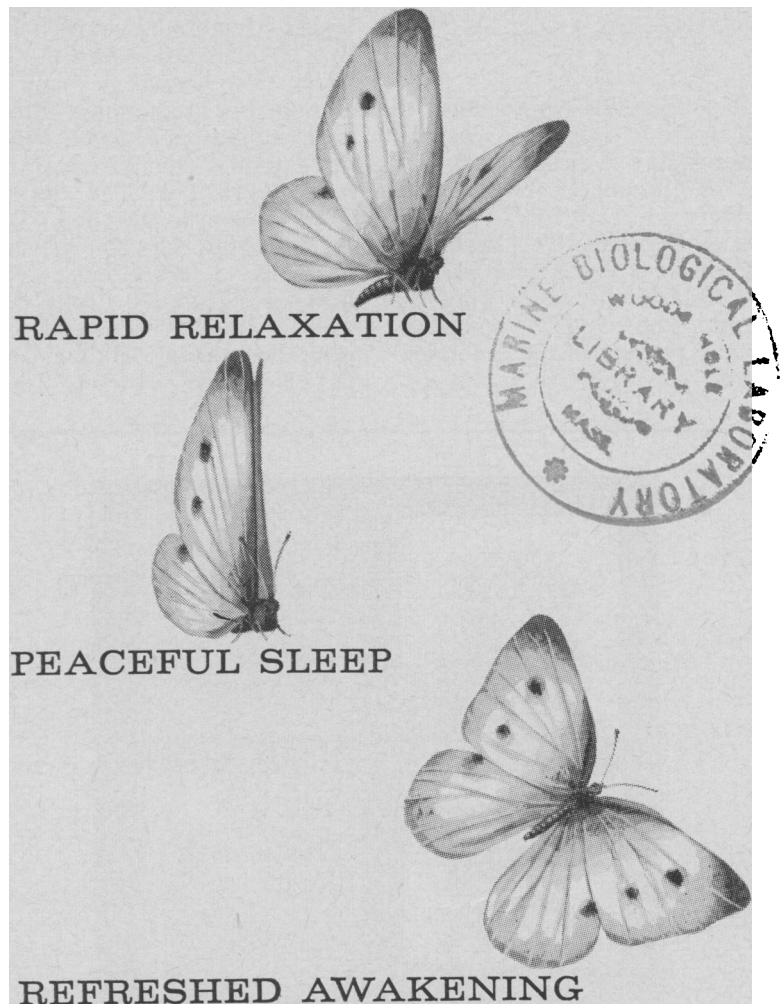
Winning provincial teams then compete for the Mary Otter Trophy — the top St. John Ambulance military first-aid award. This trophy was donated for annual competition in 1923 by General Sir William D. Otter, the first Canadian Chief of the General Staff, in honour of his wife, Lady Mary Otter.

It is anticipated that the rate of first-aid instruction throughout the Army will be accelerated so that as many soldiers as possible will be trained in the fundamentals of emergency care that will be so necessary if the harsh test of national survival ever becomes a reality.

**CANADIAN
PSYCHOANALYTIC
SOCIETY—SOCIÉTÉ
CANADIENNE DE
PSYCHANALYSE**

During 1960 the Canadian Psychoanalytic Society held 14 meetings, at which the following papers were presented (all sessions were held in Montreal except where otherwise noted): January 21, "The Depressive Pathology of Murder Cases"—Dr. B. M. Cormier and Mrs. M. C. Kennedy; February

(Continued on page 44)



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MEDICAL NEWS in brief

(Continued from page 43)

8, "Experimental Approaches to Psychoanalysis"—Dr. I. A. Mirsky (Pittsburgh); February 25, "A Case of Identical Twins with Secondary Amenorrhea"—Mrs. V. Popescu; February 27 (Toronto), "A Study of Precipitating Factors in Peptic Ulcer"—Dr. J. Bingham (Toronto); March 17, "Psychoanalytic Observations of the Emotional Situation of the Group Psycho-

therapist" (Fifth François Boulanger Memorial Lecture)—Dr. D. Ross (Cincinnati); April 8, "Short-Term Psychoanalytic and Psychosomatic Predictions (Preliminary Findings and Some Problems in Method)"—Dr. P. Knapp (Boston); April 28, "The Super-Ego Contribution to Dreams"—Dr. M. Prados; May 27, "On a Case of Catatonic Schizophrenia"—Dr. J. Butcher (Toronto); June 2, "Insomnia, Identification and an Anxious Hypnagogic Hallucination"—Dr. R. C. A. Hunter; June 16

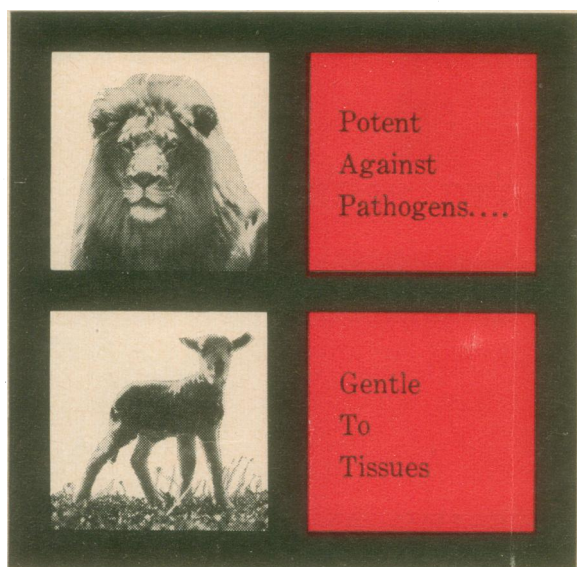
(Banff), "A Particular Fantasy Inhibiting Marriage"—Dr. T. J. Boag (Montreal), "Psychoanalytic Observations of the Mechanism of Conversion Symptoms"—Dr. I. Schiffer (Toronto), "The Transference in Psychoanalysis and in Dynamic Psychotherapy"—Dr. G. Zavitzianos (Englewood, N.J.); October 11, "Theory of the Parent-Infant Relationship"—Dr. D. W. Winnicott (London, England); October 20, "Identification with Feces"—Dr. J. Aufreiter; November 17, Discussion on Crying (introduced by Dr. W. C. M. Scott); December 2, "Contribution to a Theory of Autoeroticism"—Dr. S. G. Margolin (Denver, Colo.); December 14, Joint meeting with the psychiatric section of the Montreal Medico-Chirurgical Society on "The Relationship of the Child to its Mother when she does and does not accompany the child to the hospital" (Drs. J. B. Boulanger, N. B. Epstein and T. Statten).

The members of the Executive Council for 1960 were: Dr. J. B. Boulanger, President; Dr. A. Parkin, Vice-President; Dr. W. C. M. Scott, Secretary; Mr. A. Lussier, Treasurer; and Drs. A. W. MacLeod and M. Prados, Councillors.

Supplementary Letters Patent have been granted to the Society, with the following powers and objects: "in conformity with the statutes of the International Psycho-Analytical Association, of which the Canadian Psychoanalytic Society (Société Canadienne de Psychanalyse) is a component Society, to advance the study and science of psychoanalysis, to define standards for the admission to the profession of psychoanalysts, to establish and maintain standards for the practice of psychoanalysis."

Canadian Institute of Psychoanalysis — Institut Canadien de Psychanalyse:

At its annual meeting, held on October 1, the Society founded an institute, empowered "to provide theoretical and practical training in psychoanalysis for competent students, to promote and conduct research in psychoanalysis". Its Training Committee consists of the following, among the 15 founding members of the Institute: J. Aufreiter, J. B. Boulanger, N. B. Epstein, A. Lussier, A. W. MacLeod and W. C. M. Scott, all of Montreal, and A. Parkin and I. Schiffer of Toronto.



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